Crisis Service FAQs

Q1: Will crisis service responsibility or delivery change for state only members that are Non-Medicaid/KidsCare eligible (Non- Title XIX/Title XXI)?

A: Crisis stabilization services for state only members will remain the responsibility of the RBHAs. RBHAs will continue to serve the same geographic service areas they serve today with no change on October 1, 2018 and with no AHCCCS Complete Care (ACC) plan involvement.

Q2: Will crisis service responsibility or delivery change for Medicaid/KidsCare members (Title XIX/Title XXI)?

A: Crisis stabilization services (including, but not limited to, related transportation and facility charges) will remain the responsibility of the RBHAs. RBHAs will continue to serve the same geographic service areas they serve today. The RBHAs are responsible for the delivery of timely crisis services, including telephone, community-based mobile, and facility-based stabilization (including observation not to exceed 24 hours), along with any associated covered services delivered by the crisis provider in these settings during the first 24 hours. Although the ACC plan is responsible for care coordination and medically necessary covered services (which may include follow up stabilization services) post-24 hours, the RBHA will remain responsible for any costs associated with follow up phone calls related to the crisis episode post-24 hours. The crisis provider is able to make follow up phone calls post-crisis as they do today; however, this does not take away from all care coordination and discharge requirements for the ACC plans.

The RBHAs will be responsible for notifying the ACC plan within 24 hours (7 days a week) of a member engaging in crisis services so that subsequent services can be coordinated and covered through the ACC Plan. The ACC Plan should be provided clinical recommendations related to the need for any follow up and stabilization services, (with the exception of phone calls, as noted above) and the ACC Plan will be responsible for these services.

The ACC Plan will be responsible for all other medically necessary services related to a crisis episode after the initial 24 hours covered by the RBHA, and shall ensure timely follow up and care coordination, whether the member received crisis services within, or outside the GSA, to ensure stabilization of the member and appropriate delivery of ongoing necessary treatment and services.

Q3: What services are considered a crisis service and when are the RBHA and ACC Plans responsible?

A: AHCCCS recognizes that the processes and practices currently in place may be different depending on the area, hospital, crisis service provider and/or RBHA.

See table below for behavioral health services/assessment responsibility by specific service codes for by population and various settings. Please note that this table includes common crisis service codes but is not meant to serve as a comprehensive listing of potential services delivered by a crisis provider (including, but not limited to, Medication Assisted Treatment).

Service	Population	Setting	Codes	Responsible Party
Crisis services within first 24 hours	Medicaid, KidsCare and State Only	All providers/settings permitted to bill these codes except observation crisis stabilization units	H2011, S9484, S9485	RBHA
Crisis services within first 24 hours	Medicaid, KidsCare and State Only	Observation crisis stabilization units	S9484, S9485, H0031, H0038, 90791, T1002, T1016	RBHA
Crisis phones	Medicaid, KidsCare and State Only	Telephonic	T1016	RBHA
Assessments	Medicaid, KidsCare	ED/Medical Floor	H0031, 90791, 90792	ACC or RBHA for integrated member with SMI
ED visits	Medicaid, KidsCare	ED	99281 -99285 (Not considered “crisis services”)	ACC or RBHA for integrated member with SMI
ED visits	State Only	ED	99281 -99285 (Are considered “crisis services”)	RBHA
Assessments for pre-petition screening (for consideration for COE referral)	Medicaid, KidsCare and State Only	All		County or county designation
SMI assessments for SMI determination	Medicaid, KidsCare	All		ACC
SMI assessments for SMI determination	State Only	All		RBHA

Q4: What entity is responsible for Crisis Observation and Stabilization Unit services and all other necessary covered services to ACC members after 24 hours?

A: The ACC plan is responsible for all medically necessary services to Medicaid/KidsCare (Title XIX/Title XXI) enrolled members **after 24 hours** of crisis services.

Q5: How will crisis services be handled for members crossing GSAs?

A: The RBHA located in the RBHA GSA where the crisis occurs is responsible for the first 24 hours of crisis services.

The RBHA geographic service areas (GSA) remain the same on October 1, 2018 and are different than the ACC GSAs. All Central GSA crisis service is provided by Mercy Care RBHA (formerly known as Mercy Maricopa Integrated Care – MMIC). All Northern GSA crisis service, including Gila County, is provided by Steward Health Choice Arizona RBHA (formerly known as Health Choice Integrated Care – HCIC). All Southern GSA crisis service, including Pinal County, will remain with Arizona Complete Health- Complete Care Plan RBHA (formerly known as Cenpatico Integrated Care - CIC).

Q6: If a RBHA covers crisis services for an individual that is not Medicaid/KidsCare eligible (Non-TXIX/XXI) at the time of service delivery, and the person is later determined Medicaid/KidsCare eligible (TXIX/XXI), what will occur?

All crisis services up to 72 hours for NTXIX/XXI individuals are covered by the RBHA.

Effective October 1, 2018, for newly enrolled TXIX ACC members that are assigned to a RBHA for Non-TXIX services, the RBHAs will be responsible for any behavioral health services during prior period coverage (the time period starting with the effective date of eligibility when a member is TXIX eligible for covered services but is not yet enrolled in a plan). If services were provided utilizing Non-TXIX funding during the prior period coverage time-period, and the member subsequently becomes eligible for TXIX coverage that overlays this time period, the RBHA will be responsible for reclassifying the services as funded by TXIX. The ACC plan will be responsible for behavioral health (non-crisis related) starting on the day AHCCCS is notified of a member's TXIX eligibility.

Q7: What entity is responsible for the cost of SMI assessments and determinations?

A: ACC plans are responsible for SMI assessments, including urgent evaluations when a member is hospitalized, which will be reviewed and used by the AHCCCS vendor in determining member SMI eligibility status. RBHAs are responsible for assessments for Non-TXIX/XXI members.

RBHAs will be responsible for SMI assessments for those incarcerated due to suspended eligibility for Medicaid.

The AHCCCS administration pays the SMI determination vendor directly for the SMI determinations.